

STATE OF RHODE ISLAND



DEPARTMENT OF REVENUE DIVISION OF TAXATION - EMPLOYER TAX SECTION

EMPLOYERS GUIDE TO ELECTRONIC REPORTING OF QUARTERLY WAGE REPORTS

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INTRODUCTION

The Rhode Island Division of Taxation encourages all employers and payroll service companies to report quarterly wage information on **MAGNETIC TAPE, CARTRIDGE, CD'S OR DISKETTE**. Individual employers can also use our web site www.uitax.ri.gov to report both employment taxes and wage information. The purpose of this publication is to provide employers and their authorized representatives with the requirements for reporting quarterly wage information electronically.

The state format designed specifically for reporting Quarterly Wage information to this department is the only acceptable format as of the 4th Quarter of 2007 filing. A test MUST be submitted to this department to ensure compatibility with the department's computer system and compliance with this department's specifications using only one of the above-indicated input devices.

The **EMPLOYER'S GUIDE TO REPORTING** provides the detailed information necessary to prepare and submit quarterly wage information in the state format.

GENERAL INFORMATION

THE APPROVAL PROCESS

Before this department accepts a magnetic tape, cartridge, diskette or CD, the APPLICATION FOR QUARTERLY WAGE REPORTING input device Form 730, and a test must be submitted to ensure processing compatibility.

Service bureaus and payroll service companies must complete the APPLICATION FOR MULTIPLE EMPLOYER WAGE REPORTING Form 730-M.

This department will respond to the application and test the input device within 21 days of receipt. Reports may not be filed electronically with the department until this department grants written approval.

TAPE SPECIFICATION

- * Data must be written on 2 inch, 9-track magnetic tape, in the unpacked mode.
- * Recording density may be 6250 (preferred) or 1600 BPI.
- * All tapes must be recorded in EBCIDIC in an unpacked mode.
- * All diskettes in ASCII.
- * Internal labels (standard 80 character records) are required unless Special Handling is requested and specifically agreed to by this department. Header and trailer records must be separated from the data records by a tape mark.
- * External labels must clearly state whether data on tape is blocked or unblocked, whether or not the tape has an internal label, the employee record count, the number of employers if more than one, and the type of format.

DISKETTE SPECIFICATION

- * *All diskette's must be recorded in ASCII.*
- * *External labels must clearly state the employee record count, the number of employers if more than one, and the type of format.*

CD SPECIFICATION

- * All CD's must be recorded in ASCII.
- * External labels must clearly state the employee record count, the number of employers if more than one, and the type of format.

UNREADABLE INPUT MEDIA

Any media submitted to this Department that does not meet the department's reporting specifications, or that cannot be read, will be returned. If the external label does not contain all the necessary information, it will be returned. Penalties will be assessed for reports that are not received timely and correct.

SENDING WAGE RECORDS TO THE DEPARTMENT

The following material must be submitted with your input device each quarter:

1. Quarterly Contribution and Wage Report (TX-17) with the appropriate notation on the bottom as to how you are filing wages.
2. Your remittance check or your routing EFT code

CORRECTIONS TO INFORMATION REPORTED

Corrections or amendments to data submitted must be submitted in writing.

ADDITIONAL INFORMATION

Information and forms regarding magnetic tape reporting may be obtained by contacting:

Rhode Island Division of Taxation
Employer Tax Section - Wage Reporting Unit
One Capitol Hill Suite 36
Providence, Rhode Island 02908 - 5829
(401) 222-3521

REPORTING SPECIFICATIONS - STATE FORMAT

The Rhode Island Division of Taxation, Wage Reporting Unit will accept quarterly wage input devices' submitted in accordance with the following specifications **AS OF THE 4TH QUARTER 2007.**

GENERAL REQUIREMENTS

Recording Code:	EBCIDIC	Tape Density:	1600 or 6250 BPI
Record Size:	276 Characters	Blocking Factor:	1
Block Size:	276	Tracks:	9
Internal Labels:	IBM Standard	Mode:	Unpacked

DATA FORMAT

Wage fields may be signed or unsigned at the discretion of the submitter. All numeric fields must be right justified and zero filled. Any field cited as blank will not be used.

RECORD TYPES

Two record types must be submitted on the quarterly wage input device. The Record Identifier Code appearing in the first position of the record will identify each record. A "T" will identify the summary record and a "W" will identify each detail record. One or more detail "W" records will always follow a single summary record "T".

Record types other than those indicated should not be submitted. Record

Name: EMPLOYER SUMMARY RECORD - IDENTIFIER CODE "T"

Position	Char Type	Field	Len	Remarks
1	X	Record Identifier Code	1	Constant "T"
2-13	N	Quarterly Wages*	12	Total Wages paid during quarter
14-25	N	Wage Record total*	12	Sum of all wages on "W" records
26-34	X	Magnetic tape reporter code	9	Constant "MAGTAPWGR" See below
35-43	X	Blank	9	
44-53	N	Rhode Island Employer No.	10	
54-75	N	Blank	22	
76-77	N	Year being reported	2	Last 2 digits
78	N	Quarter being reported	1	1=Jan-Mar 2=Apr-Jun 3=Jul-Sep 4=Oct-Dec
79-89	X	Employer Name	11	
90-276	X	Blank	187	

Position	Char Type	Field	Len	Remarks
1	X	Record Identifier code	1	Constant "W"
2-25	X	Blank	24	
26-34	X	Microfilm Index number	9	Constant "MAGTAPWGR" See below
35-43	N	Social Security Number	9	If not available, zero fill
44-53	N	Employer Registration No	10	Same as item 6 in "T"
54-62	X	Employee Last Name	9	
63	X	Employee First Initial	1	
64-75	N	Wages reported for the Qtr*	12	
76-77	N	Year being reported	2	
78	N	Quarter being reported	1	
79-89	X	Employer Name	11	
90-91	N	Number of Weeks Paid	2	Whole Number/s no fractions
92-95	N	Number of Hours Paid	4	Whole Number/s no fractions
96-276	X	Blank	181	

Record Name: DETAILED WAGE INFORMATION RECORD - IDENTIFIER CODE
AW@

Magnetic tape reporter code (position 26-34) for the "T" record and the "W" record:

- * Magnetic tape filer's use: ---"MAGTAPWGR"
- * Diskette filer's use: -----"DISKETWGR"
- * CD filer's use: -----"CDFILEWGR"
- * Cartridge filer's use: -----"CARTRDWGR"
- * Internet filer's use: -----"INTERNWGR"

* All wage items must be reported as dollars and cents with no decimals.

TYPE KEY: N=Numeric X=Character/Alphabetic

MAGNETIC TAPE, CARTRIDGE, DISKETTE OR CD TEST CHECK LIST

_____ Complete Application for Quarterly Wage Reporting on **Magnetic Tape, Cartridge, Diskette or CD**. Form DET-730

_____ If you are submitting information for more than one Rhode Island Employer Account Number, also complete Multiple Employer Application, Form DET - 730-M

_____ Prepare a test **Tape, Cartridge, Diskette or CD** of at least fifty records in the State Format.

_____ Complete and affix an external label to the device that clearly identifies the **Tape, Cartridge, Diskette or CD** as a TEST?

_____ **Mail all forms and Tape, Cartridge, Diskette or CD to:**

Rhode Island Division of Taxation Employer Tax Section- Wage
Reporting Unit-One Capitol Hill, Suite 36, Providence, Rhode
Island 02908 - 5829

**RHODE ISLAND
DIVISION OF TAXATION - EMPLOYER TAX SECTION
WAGE RECORD UNIT**

**APPLICATION FOR QUARTERLY WAGE REPORTING ON MAGNETIC TAPE,
CARTRIDGE, DISKETTE OR CD**

Name of Requesting Firm: _____

R.I. Employer Acct. No.:

_____ Address:

Estimated Number of Employees to be reported:

Tape Format Option: State ()

Contact Person (Title and Phone No.)

Return Address for Tape:

First Quarter That **Tape, Cartridge, Diskette or CD** Will Be

Submitted For _____

SPECIAL HANDLING REQUESTS:

Signature and Title: Date

SEND QUARTERLY WAGE INPUT DEVICE TO:

Rhode Island Division of Taxation
Employer Tax Section-Wage Record
Unit, One Capitol Hill, Suite 36
Providence, Rhode Island 02908-5829

**RHODE ISLAND
DIVISION OF TAXATION - EMPLOYER TAX SECTION**

**MULTIPLE EMPLOYER APPLICATION FOR QUARTERLY WAGE REPORTING
ON AN ELECTRONIC DEVICE.**

Name of Submitting Firm:

Address:

_____ Estimated Number of R.I. Employers to be reported:

_____ LIST ALL R.I. EMPLOYERS TO
BE REPORTED ON ELECTRONIC DEVICE ATTACH
ADDITIONAL SHEETS IF NECESSARY

Employer Name	R.I. Registration No.	No. Of Employees
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Signature and Title: _____ Date:

RETURN THIS FORM WITH COMPLETED DET-730 AND OTHER REQUIRED

MATERIAL TO:

**Rhode Island Division of Taxation - Employer Tax Section Attn: Quarterly Wage
Reporting Unit One Capitol Hill, Suite 36, Providence, Rhode Island 02908-5829**